



SUD Practices in MH-WIN

There are several items that must be in place before one can bill for SUD TX services in MH-WIN.

1. Users must have access to MH-WIN. See your designated SFM (System File Maintenance) person to get your username and password. Regardless of your role with a Provider Agency, your permissions should include both billing and clinical to have access to all that is required.
 - a. NEVER share your login with anyone; this is for your protection. Sharing is a HIPAA violation and is non-compliant with your agency's contract with DWMHA SUD.
 - b. Every 60 days, you will be required to change it.
 - c. Password resets can be maintained by your SFM or by clicking on the hyperlink for forgetting your password. Note, the username and password will be the same when reset. Please check your spam folder for notification if you do not see it in your IN box of your email.
 - d. No activity of your account in 90 consecutive days equates to an inactive login; so use it.
 - e. Please refer to the '**MH-WIN Getting Started Quick Reference Guide**' located in your packet for reference, which is available through the Help navigation button at the top of your screen when logged in.
 - f. If you have access to MH-WIN for mental health, you will need a separate login for access to the SUD module, which is to be used for all SUD activity, in accordance with 42CFR patient confidentiality.
2. ALL clinical staff, that will be rendering services, must be entered into MH-WIN in the Staff Directory with their individual NPI# (National Provider Identifier). Your SFM is responsible for this. NPI numbers identify the clinician who renders services to a consumer. This is MANDATORY.
 - a. The clinician is responsible for applying for their own NPI# and the SFM is responsible for entering it under Credentials under PIN of the Staff Directory. See '**Add NPI to Clinician**' for guidance.
 - b. A license# is not a requirement to receiving an NPI number.
 - c. All credentials should be submitted to your SFM, so they can be entered into MH-WIN' Credentials tab found in the Staff Member List under the Work Locations tab to document qualifications; i.e. licensure etc.
 - d. ****Note**, once an NPI is entered, the SFM cannot edit it, therefore exercise caution when entering. Should one need to be edited, contact the MH-WIN Help-Desk.
 - e. SFM Guide, '**MH-WIN Access and Password Setup**' is part of your packet.
3. The MH-WIN Calendar must be set up for availability using the "Associated Intake Staff" record associated with a specific Intake site in your company's network in order for Pioneer to see when and where they can send you new referrals. The set-up is flexible to allow for various ways of using based upon your agencies' business practices. It is up to the Provider Agency to ensure there are available slots for intakes if the organization would like referrals from Pioneer. Reference the '**Provider Intake Availability Setup Quick Reference**' guide for the necessary steps to set-up your calendar.



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4. A consumer MUST go through the Pioneer screening in order to create a SARF and Initial Authorization. Note, Initial Auths are dependent upon the primary insurance of the consumer using the Medicaid Eligibility in MH-WIN, therefore not all Auto Auths are the same. Pioneer will then use the calendar to set-up the first appointment. This results as a pending SARF with a future date.
5. Upon Pioneer's receipt of the signed consent form, the consumer record will be released to the Provider Agency. Should the SARF and Initial Authorization be released to an incorrect site, STOP and immediately contact Pioneer to get it changed. Putting this off and continuing working with incorrect record will only create a larger problem and will require more work on your part to correct. In addition, it will prevent claim submission, and ultimately payment for rendered services. Please note, if the user's "primary work location" in their user account does not match the address of the admission record, the user will not be able to access the record.

It is the responsibility of the Provider to ensure the accuracy of the demographic and financial information of the consumer is correct when the record is released to you.

6. To review and edit a consumer's demographic information, access the Consumer Chart through the SUD/ CA navigation button.
 - a. Lookup the consumer using the guidelines noted in MH-WIN or, enter the Member ID and click on SEARCH.
 - b. Click on the blue hyperlink, 'Consumer Chart'.
 - c. Utilize the blue hyperlink, 'Change Consumer Information' to make changes to Demographics, Guardians, Contact People, etc.
 - d. Be sure to SAVE your changes.
7. To review and edit a consumer's financial information, click on the 'Self-pay Policy'. Note, all fields (except comments) are required. Run the eligibility on the consumer, before completing the Self-pay Policy to ensure the data entry is current as of that moment. [Checking eligibility also updates a member's record for retros etc.
 - a. ONLY mark 'YES' to PA2 (Public Act II), if your organization has a PA2 contract with the Authority, otherwise enter 'NO'.
 - b. ONLY mark 'YES' to SDA, if:
 - i. Your Organization is *contracted* for SDA, and
 - ii. Your Organization is *contracted* for **residential services**, and
 - iii. Your Organization is *contracted* for BG (Block Grant) noted as DWMHA-GF under eligibility.
 - c. SDA (State Disability Assistance) must be applied for by individual. The Provider can assist the consumer in completing and submitting the application. Please refer to the Authority's 5/2015 memo for further information.



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- d. SDA only covers Room & Board (\$9976:ZE), however it allows the Provider to spread BG funding further; thus use the allocation appropriately.
 - e. ONLY applicable to adults.
8. Create an Admission record in its entirety. While some information may prefill, it is your responsibility to ensure the accuracy, and acknowledgement of this occurs when the form is saved.
- a. WSS funding and use of backend modifiers (HD) etc. for State submission is determined by how the Women's Specialty questions are answered in conjunction with the demographic record, VIP (Very IMPORTANT).
 - i. Regardless of existence of WSS contract, if a consumer is eligible, indicate such on the admission form.
 - ii. IF contracted for WSS and consumer chooses to take part in a WSS program, then indicate YES on the admit form that they are WSS Admitted.
 - iii. The WSS Admitted (YES) is a flag used to indicate the funding stream through the waterfall of all funding streams inside the programming of MH-WIN.
 - b. Likewise, the use of HH and other appropriate modifiers are determined by how the question of Mental Health (MH) Issues is answered.
 - i. It is important to note that when MH is suspected, it is verified and appropriately documented; psych evaluation and diagnosis.
 - ii. IF consumer does not present as having an MH issue at time of admission, but then through the course of treatment it is discovered, the Provider MUST change the Admission Record to reflect such, and provide the necessary documentation. This is the only exception (other than non-disclosure of pregnancy) to the rule in making a change on an admission form that is not a correction to data entry error. Remember, the admit is a snapshot in time.
 - c. While there are different ways to access a consumer's record, it is important to note, that one must use the **SUD/ CA | 3) SUD Referral Forms (SARF)/Admission/Discharge** navigation button and link to create an admission.
 - i. Search for the member
 - ii. Once located, click on the blue hyperlink 'SUD Forms'
 - iii. Click on the blue hyperlink 'SUD Admission Form' (to add or edit)
 - iv. ****Every** field except 'Comments' is REQUIRED.
 - v. Where memo boxes are provided for free text, an open book with a check mark  can be used to spell check your entry.
 - d. Please refer to the '**Admission Guidelines**' when entering an admission, so you understand how to answer the fields. These are State REQUIRED, therefore they have both State and Federal implications.



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- e. It is imperative to utilize the *Change in Level of Care Form* in MH-WIN when a consumer is changing modality within the same agency license. A discharge and re-admission is required when an individual is going to another site with a different license number to receive treatment.
 - i. These changes must occur timely (real time).
 - ii. While the State allows for an admission and discharge with different service categories to occur within the same license, DWMHA SUD views this as a privilege due to State Reporting Requirements. Therefore, professional courtesy is expected. Non-compliance by one site will ruin this for the entire Provider Network. Reference, '**Change Level of Care**' for guidance.
 - iii. The discharge date **MUST** be the last date of treatment service, this is a State requirement. In cases where a discharge and re-admission occurs, the discharge date is still the last date of treatment for that service category.
 - iv. Providers have a choice in using the Change in Level of Care form or discharging and re-admitting; however once the business practice is established, it must be followed consistently within the license number by **ALL** users. Failure to comply will result in loss of privilege for the entire Provider Network.
 - v. Because Recovery Support Services is not a traditional level of care, accommodations have been made to support this transition in one's stage of recovery. Please review, '**How to Process Recovery Support Services in MH-WIN**' and the '**DWMHA SUD Recovery Plan**' for managing.
- 9. An Initial Assessment is then performed to determine stage of consumer and to develop a customized treatment plan with the consumer's involvement.
 - a. In most cases, the LOC (Level of Care) determined by Pioneer's screening will be confirmed; however in the event it does not:
 - i. Provider can utilize a different LOC if appropriate and is contracted for that LOC.
 - ii. IF the Provider is **NOT** contracted for the LOC which is the best way to address a consumer's issues, then Provider must contact Pioneer to get consumer seen elsewhere.
 - iii. Keep in mind, we are here to serve in the best interest of our consumers and not our bottom-line.
 - b. In either case, the Initial Assessment (H0001:ZV) is billable, upon the completion of an Integrated Bio-Psychosocial Assessment (BPS) in MH-WIN.
 - c. Reference the '**Integrated Bio-psychosocial Assessment SUD Guidelines**' for requirements and expectations.
- 10. A Request of Authorization follows.



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- a. This indicates the treatment plan
 - b. Also includes request for units of services to address the plan
 - c. Can include a change in diagnosis as treatment continues
 - d. Requires the completion of the ASAM Worksheet that results in the ASAM Result
 - e. Use caution when using the calculation button to ensure quantity is accurate.
 - f. Make use of the **'DWMHA Utilization Management Checklist for Submitting Authorizations'**.
 - g. **'SUD Treatment Codes and Internal Modifiers'** is available for a quick reference guide for codes and required internal modifiers (Z*).
11. The Utilization Management (UM) staff have been assigned to various Providers, find out who your contact is, so when you have an issue with authorizations you know who to contact. See the **'DWMHA-Utilization Management Department Substance Use Technicians'** for assignments.
12. DWMHA requires timely entry of treatment services regardless of type of data submission. This can be determined somewhat by your business practices however the following must be adhered to:
 - a. Block Grant = Net 30
 - b. Medicaid = Net 45
 - c. Medicare = Upon receipt of EOB
 - d. **FY15 Year End Claims MUST be submitted no later than close of business on 11/13/2015. NO EXCEPTIONS will be made.**
 - e. Approved claims are swept on Wednesday evening for payment on the following Friday, therefore clean claims submitted by Monday should be in the Wednesday sweep; plan accordingly for cash flow.
 - f. Understand, dirty claims [service lines that contain errors, or zero pay services] will be rejected and sent back to you. This means the entire batch will be sent back. Reference **'Change Batch'** to learn how to move a problem claim to a different batch so it does not hold up your submission and thus payment. Then address errors and re-submit.
 - g. DWMHA is not in control of when funds are available in your EFT, therefore Providers need to contact their banks to determine when posting will occur.
13. To submit claims via 837s (EDI electronic format) contact Nasr Doss.
14. IF the Provider is manually entering claims, rather than submitting an 837, this is done via the Claim Submission (AP) navigation button on the left pane of MH-WIN.
 - a. Utilize **'Provider Claims Entry Quick Reference'**.
 - b. The **'Provider Claim Submission User Manual'** provides step-by-step details, at your fingertips.
 - c. ****Note** box 33 (bottom right of HCFA-1500) will ALWAYS be the Parent Provider.
 - d. Box 32, to the left of box 33, is the Facility where individual is receiving services, thus this is where the admission and all authorizations must be tied including the SARF.



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- e. Reference '**Billing FAQs**', for errors and solutions, as well as '**Clinical FAQs**' and '**General FAQs**' to address questions first. Chances are, your question has been asked in the past. This will save you time and unnecessary anguish.
- f. As noted previously, clinicians must have an NPI number associated to them. This is because services must be tied to a clinician and this is how it is done. See '**Tie Specific Clinician to Various Claim Lines**' for a how-to.

15. Since funding drives SUD Programs, it is imperative that Medicaid Eligibility be checked at the following stages:

- a. Access and Screening into the Behavioral Health (BH) System.
- b. Time of Admission/ Intake.
- c. Time of Request for Authorization.
- d. Time of Billing.
- e. Monthly (minimum)

Reference the '**Medicaid Eligibility Manual**' located in the Help section of MH-WIN.

16. Technical Support is available.

- a. ALL MH-WIN issues will only be dealt with via E-mails. No phone calls will address system issues.
- b. The person contacted for an issue is whom the Provider must continue correspondence with, regardless of whether others are brought into the situation and are part of the discussion. Only if the original contact hands-off the issue, should the Provider follow.
 - i. Access Issues – Pioneer (LaJoy Hawkins, Kelly Quinn)
 - ii. Authorization Issues – UM (Assigned Technicians, Jennifer Miller)
 - iii. Billing Issues – Claim Adjudication Dept. (Janice Latimer, Tracy Lee)
 - iv. Financial Issues – Finance Dept. (Patti Garbacz, Keisha Barnett)
 - v. System Issues – MH-WIN Help-Desk [Michael Anthony] (Level I)
 - vi. Technical Issues – Samy Ganesan (Level II)
 - vii. Operational/ Procedural/ Technical – Lynn Somenauer (Level III)
 - viii. Policy / Clinical – Judy Davis
 - ix. Contractual/ Overall – Darlene Owens
- c. Do NOT contact several people about the same issue because response time is not to your liking or the answer you receive is not what you want to hear. This is a waste of everyone's time, and time is a precious commodity.
- d. Only escalate an issue up the chain in appropriate manner when resolution cannot be accomplished.
- e. Please understand that MH-WIN is a large, complex, forever evolving system that is growing with us. When reference materials are published to assist users in addressing



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issues, it is expected this method has been exhausted before an email is sent requesting help, or contacting the Help Desk in MH-WIN. While this may be the easier thing to do, it is not the most productive, and it takes away from enhancements, collective collaboration, and other responsibilities that require our time.



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17. Additional reference materials include:

- a. SUD MH-Win Reference Manual
- b. MH-WIN General User Manual
- c. MH-WIN News Flashes
 - i. Will contain breaking news
 - ii. Will alert you to areas that require your special attention
 - iii. Will provide you with upcoming trainings
 - iv. Will clarify and provide guidance in the SUD Realm
 - v. Will remain and clog up your whole screen until you clear, acknowledging you have read and you are accountable.